Compensating People with AIDS: A Different Perspective

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Abstract

Undergraduates (N =187) read a newspaper editorial (Soskolne, 1994) and answered questions about compensating people with AIDS. The editorial noted that during the early years of the AIDS epidemic (1982-1985), the Canadian government received expert advice on how to prevent HIV-transmission yet failed to act on these recommendations. Although 80% of our participants agreed that the government should be held accountable for its inaction, only 45% agreed that all people who were infected with HIV from 1982 to 1985 deserve financial compensation. Gay men were considered least worthy of compensation, whereas infants and blood-product recipients were considered most worthy. Participants who supported broad-based compensation tended to be less blameful of people with AIDS who contracted HIV through homosexual contact or injection-drug use. Relatively low levels of blame were identified among older participants and those who were less authoritarian.

Résumé

Des étudiants de premier cycle (N = 187) ont lu l'éditorial d'un journal (Soskolne, 1994) puis ont répondu à des questions sur la compensation accordée aux personnes atteintes du SIDA. L'éditorial soulignait qu'au début de l'épidémie de SIDA (1982 à 1985), des experts ont conseillé le gouvernement canadien sur les moyens de prévenir la transmission du VIH et que celui-ci n'a pas suivi leurs recommandations. Bien que 80 % des participants pensaient que les gouvernements devraient être tenus responsables de leur inaction, seulement 45 % d'entre eux croyaient que les personnes infectées par le VIH entre 1982 et 1985 devaient recevoir une compensation financière. De plus, l'on jugeait que les enfants et les personnes ayant reçu des produits sanguins méritaient davantage une compensation que les hommes homosexuels. Les participants qui favorisaient une compensation à grande échelle avaient tendance à moins blâmer les sidéens qui ont contracté le VIH lors de rapports homosexuels ou en utilisant des drogues injectables. Le niveau de blâme était relativement bas chez les participants plus âgés et chez les personnes moins autoritaires.

Blood products were routinely screened for HIV antibodies in Canada starting in November of 1985, four months after screening was instituted in the United States. Canadian organizations representing the 1,200 hemophiliacs and others infected through the blood supply claim that the government needlessly delayed the implementation of screening procedures (McIlroy, 1996). In October of 1993, the federal government appointed Justice Horace Krever to investigate the role of negligence in matters pertaining to Canada's blood supply. The final report from the Krever commission laid the foundation for civil or criminal liability for those found responsible. Previously, the federal government's "Extraordinary Assistance Program" of 1989 awarded $120,000 to each person who contracted HIV through contaminated blood. By 1993, most provinces had granted additional funds provided the infected individuals waived their right to sue the governments, the Red Cross, and the pharmaceutical companies (Picard, 1996).

Cases attributed to infection through blood products represent a very low proportion of the nation's AIDS cases (4%; Health Canada, 1994). During the early years of the epidemic, governments in Canada and the United States knew of ways to prevent HIV transmission through safer sex and needle-use practices, yet they did nothing to inform the public, failing even to warn groups that were at highest risk (see Shilts, 1988). This period of government inaction lasted for about four years (1982-1985). In a 1994 editorial published in the *Globe & Mail*, Colin Soskolne, a Canadian epidemiologist, proposed that if the government is accountable for four *months* of inaction with regard to the blood supply, it should also be accountable for four *years* of inaction with regard to other means of HIV-transmission. Thus, according to Soskolne, anyone infected during this four-year period

deserves to be compensated.

In the present study, we asked undergraduates to read Soskolne's (1994) editorial. Our purpose was twofold: (1) To measure levels of support for the proposal that all Canadians who were infected with HIV from 1982 to 1985 deserve financial compensation, and (2) To examine individual differences that predict such support. Some readers may not be convinced by Soskolne's argument, especially if they have negative preconceptions about people with AIDS (PWAs[1]). Many people view AIDS as divine retribution for deviant lifestyles involving homosexuality, promiscuity, prostitution, or injection-drug use (Echabe & Rovira, 1989; Herek, 1990; Melody, 1994; Nisbet & McQueen, 1993; Patton, 1986; Seltzer, 1993). Moreover, PWAs are often considered to be dirty, dangerous, worthless, and foolish (Hunter & Ross, 1991; Walkey, Taylor, & Green, 1990).

Although most PWAs are perceived to be accountable for their infection (McDonell, 1993; Weiner, 1993), those who contracted HIV through injection-drug use or sex, especially gay sex, are seen as "blameworthy" (Dooley, 1995; Graham, Weiner, Giuliano, & Williams, 1993; Schellenberg & Bem, in press; Weiner, Perry, & Magnusson, 1988). Indeed, the frequent use of the term "innocent victims of AIDS" in the media and public discourse (Albert, 1986) to describe a minority of HIV-infected people confirms that the vast majority of PWAs are typically perceived to be "guilty" (Schellenberg, Keil, & Bem, 1995). Attributions of responsibility and blame for PWAs are usually reduced when it is clear that an individual's infection was beyond his or her personal control. For example, PWAs who received contaminated blood products are blamed significantly less than injection-drug users, gay men, or heterosexuals with multiple sexual partners (Dooley, 1995; Graham et al., 1993; Schellenberg & Bem, in press; Weiner et al., 1988). On one hand, it might be possible to reduce attributions of responsibility for contracting AIDS simply by making it clear that most PWAs were needlessly unaware of means to prevent transmission at the time of their infection, and, therefore, unable to minimize the risk of certain sexual or drug-use behaviours. On the other hand, overt disdain for drug users and male homosexuals could be so great that such information might be ineffectual in reducing blame and negative attitudes toward PWAs.

Schellenberg et al. (1995) proposed that those who respond emotionally (i.e., sympathetically) to a self-proclaimed "innocent victim" of AIDS are unlikely to analyse the subtext of such a proclamation (i.e., that other PWAs are not so innocent). By contrast, people who are more analytic may be more aware of the complexity of the historical and social context of AIDS and thus less likely to make attributions of blame based on an individual's internal characteristics. The desire to consider complex social issues may also be a marker of those who are low in authoritarianism (Cacioppo & Petty, 1982), which is another predictor of positive attitudes toward PWAs and homosexuals in general (Larsen, Elder, Bader, & Dougard, 1990; Larsen, Reed, & Hoffman, 1980). Authoritarians tend to be prejudiced against anyone who is different from them because they perceive such differences to be threatening (Adorno, Frenkel-Brunswik, Levinson, & Sanford, 1950). Compared with other respondents, then, we expected those with a greater need for cognition or with lower levels of authoritarianism to be less blameful of PWAs who contracted HIV through homosexual contact or injection-drug use, and more likely to accept the logic of Soskolne's argument for broad-based compensation.

The association between negative attitudes toward gay men and negative attitudes toward PWAs is well established (Bruce, Shrum, Trefethen, & Slovik, 1990; Larsen, Serra, & Long, 1990; Schellenberg & Bem, in press; Seltzer, 1993; Young, Gallaher, Belasco, Barr, & Webber, 1991). People who hold negative attitudes toward homosexuals and PWAs tend to favour coercive AIDS-related public policies (Herek & Glunt, 1991; Witt, 1989), such as quarantine or mandatory HIV-testing. Accordingly, we expected that participants with strong negative attitudes toward gay men would be particularly likely to blame PWAs and resistant to the idea of broad-based compensation.

Finally, we expected that demographic variables (i.e., age, male gender, political conservatism, more frequent attendance at religious services) predicting attitudes toward PWAs (Bouton et al., 1989; Crawford, Allison, Robinson, Hughes, & Samaryk, 1992; Echabe & Rovira, 1989; Fish & Rye, 1991; Kunkel & Temple, 1992; Nisbet & McQueen, 1993; Schellenberg et al., 1995; Young et al., 1991) would also help to explain participants' willingness to grant financial compensation to all HIV-infected people. Specifically, we hypothesized that blame for PWAs would be the main determinant of support for compensation, and that demographic variables would indirectly influence such support through mediating variables (i.e., attitudes toward gay men, authoritarianism, and need for cognition). Figure 1 illustrates the predicted connections among variables in an "input" path diagram (Darlington, 1990). The diagram allows for the possibility that variables assumed to be earlier in the

1 Alternatives to the original acronym " PWA" have been proposed, such as "PLWA" (Person Living With AIDS) and "PLW HIV/AIDS" (Person Living With HIV or AIDS). The Ontario AIDS Network recently adopted "PHA" (Person with HIV or AIDS). Following the largest organization of people with AIDS in Canada (Toronto PWA Foundation), we chose to use the original acronym.

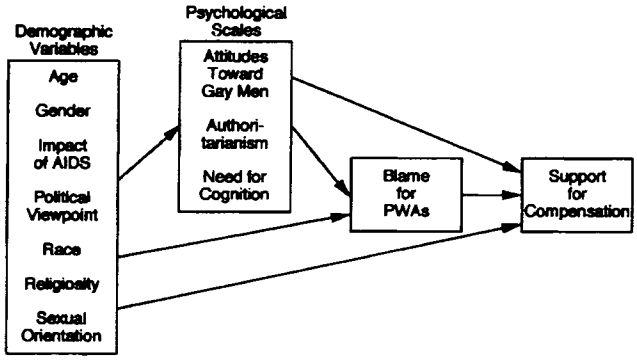

Figure 1. Schematic input path diagram illustrating how the variables measured in the present study may have influenced participants' support for broad-based compensation of PWAs. Note that the boxes for demographic variables and for psychological scales represent several variables.

sequence (e.g., demographic variables) could have direct effects on later variables (e.g., support for widespread compensation) in addition to having indirect effects through mediating variables (e.g., authoritarianism).

METHOD

Participants

The participants were 187 undergraduates (96 women, 91 men; mean age 21.66 years, SD = 4.06; 14% people of colour; 89% exclusively heterosexual) enrolled in an introductory psychology course at the University of Windsor who received partial course credit for being in the study.

Materials

Participants received a one-page information sheet on AIDS and HIV transmission and a photocopy of the newspaper editorial (Soskolne, 1994). The information sheet stressed that the average period between infection with HIV and an AIDS diagnosis is about 10 years. The editorial proposed that compensation settlements for PWAs in Canada represent a double standard. Specifically, hemophiliacs and people who received blood transfusions have been compensated because of government negligence. By the same principle, *anyone* whose infection resulted from government negligence should also be compensated. Hence, because the Canadian government received expert advice from 1982 to 1985 on how to prevent HIV transmission yet took no action, other PWAs infected during that time should also be compensated.

Outcome Measures. Participants were initially asked to rate their agreement on 7-point scales with two general issues raised by the editorial: (1) All people infected with HIV from 1982 to 1985 deserve financial compensation, and (2) The government should be held accountable for its inactions as well as its actions. Levels of agreement with these items could be influenced by the view that public institutions (e.g., hospitals, the Red Cross) are more accountable for ensuring the quality of their services than the government is for preventing negative consequences of its citizens' behaviours. For example, even if the government had responded to the AIDS crisis in a more timely manner, people who were at risk still had to change their behaviours. By contrast, the public had no role in ensuring that blood products were safe. Accordingly, participants were asked to rate their agreement with the statement that people who contracted HIV through contaminated blood products deserve more compensation than other infected people because public institutions were responsible for the quality of the blood supply.

Participants were also required to rate (on 7-point scales) the blameworthiness of different subgroups of PWAs, which were determined using Health Canada's system of classifying PWAs according to the way in which infection occurred (i.e., contact with blood products, heterosexual sex, homosexual sex, mother-to-infant transmission, injection-drug use, a combination of homosexual sex and injection-drug use, or "other")[2]. To examine individual differences based on levels of blame for "outgroup" PWAs (i.e., gay men and injection-drug users), a "blame score" was calculated for each participant by summing their blame ratings across three of the transmission categories (homosexual sex, injection-drug use, and homosexual sex and injection-drug use). Original blame ratings for these categories were highly intercorrelated ($rs \leq .77$, $ps < .001$), such that the blame-score variable was internally consistent (Cronbach's alpha = .89).

Finally, the primary outcome measure asked participants to distribute $1-million earmarked as compensation for PWAs by allocating a percentage of the funds to each of the subgroups. The actual percentage of AIDS cases reported in Canada as of April 1994 (Health Canada, 1994) was listed next to each group. For each participant, a "compensation score" was formed by subtracting the amount of compensation allocated for each subgroup (except "other") from the actual percentage of cases in that group, summing the absolute value of the differences, and multiplying each score by -1. Thus, compensation scores represented the extent to

2 For the sake of clarity, we ignored the distinction between heterosexual cases attributed to "sexual contact with person at risk" or "origin in pattern II country," and the distinction between "recipient of blood" and "recipient of clotting factor." The single case of AIDS attributed to "occupational exposure" was considered to be part of the "other" category.

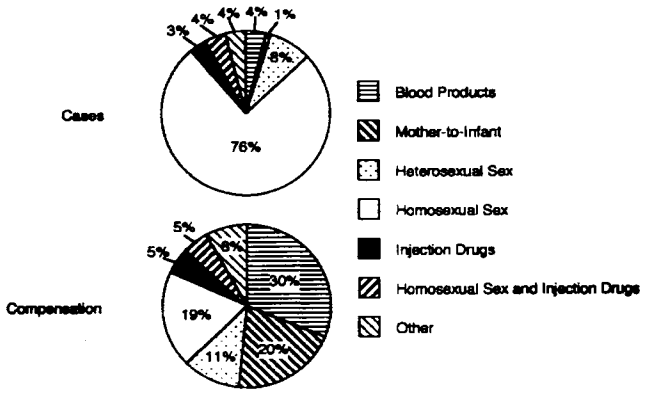

Figure 2. The upper panel illustrates the distribution of Canadian AIDS cases. The lower panel shows how participants distributed the compensation budget.

which participants' distribution of funds matched the actual distribution of AIDS cases, with higher scores indicating a closer match (i.e., a more equal allocation of funds across all individual PWAs). Compensation scores had an approximately normal distribution (M = -116, SD = 46), with a median score (-126) that was close to the mean and identical to the mode. Although some participants may support the idea of widespread compensation because of the government's failure to stop the spread of HIV, we expected that far fewer would actually deem all PWAs to be equally worthy of compensation.

Psychological Scales. Herek's (1988) Attitudes Toward Gay Men scale was used to measure attitudes toward male homosexuals. Participants used 9-point scales to rate the extent of their agreement with 10 statements, such as "I think male homosexuals are disgusting." For each participant a score was formed by summing the items (M = 43.05, SD = 20.89), with higher scores indicating more negative attitudes toward gay men. The scale had good internal consistency in our sample (Cronbach's alpha = .92). Right-wing authoritarianism was measured with Byrne's (1974; as cited in Cherry & Byrne, 1977) 22-item Balanced F scale, which is highly correlated with the original F scale (Adorno et al., 1950) but has corrected the problems with acquiescent response set. Participants used 7-point scales to rate their agreement with statements such as "Obedience and respect for authority are the most important virtues children should learn." A total score was formed by summing ratings (M = 81.69, SD = 16.34), and the scale was internally consistent (Cronbach's alpha = .82). The tendency to be analytical and to enjoy thinking about complex issues was measured with the Need for Cognition scale — Short Form (Cacioppo, Petty, & Kao, 1984). Respondents rated their agreement on 9-point scales to 18 items, such as "The notion of thinking abstractly is appealing to me." As with the other scales, a total score was formed by summing items (M = 110.74, SD = 17.59) and the scale had good internal consistency (Cronbach's alpha = .85). We also measured participants' "belief in a just world" with the 16-item Just World scale (Rubin & Peplau, 1973), but the scale's internal consistency was below acceptable levels (Cronbach's alpha = .62; see Nunnally, 1978) so it was excluded from the analyses.

Demographics. We obtained information regarding participants' gender, age, race, political viewpoint (measured with a 7-point scale from "very liberal" to "very conservative"), frequency of attendance at religious services (never, yearly, monthly, or weekly), and sexual orientation (measured with a 7-point scale from "gay/lesbian" to "heterosexual"). Participants were also asked to indicate on a 7-point scale how much the AIDS epidemic had affected them personally.

Procedure

Students were recruited to participate in a study on "health-related issues." Participants completed the questionnaire package in groups of eight or less. After reading and signing the consent form, they read the background information about AIDS and HIV transmission and the newspaper editorial (Soskolne, 1994), and then completed the outcome measures, the psychological scales, and the demographic questionnaire.

RESULTS

Support for holding the government accountable for its inactions was significantly greater than support for compensating all people who contracted HIV from 1982 to 1985, $t(185) = 9.14$, $p < .001$, despite the fact that these two items were positively correlated, $r = .327$, $p < .001$. Although 80% of the sample agreed (i.e., rating > 4) with holding the government accountable for its inactions, fewer than half (45%) agreed with the proposal of widespread compensation. Agreeing that direct involvement of public institutions made blood-product cases particularly deserving of compensation was not associated with holding the government accountable for its inactions, or with support for compensating all people infected with HIV.

When participants were asked to divide the compensation budget among subgroups of PWAs, they overcompensated groups typically considered to represent "innocent victims" of AIDS (i.e., infants, people who had contact with blood products, and, to a lesser extent, people infected through heterosexual sex) and undercompensated gay men. Figure 2 illustrates the actual distribution of AIDS cases in Canada and the percentage of funds allocated to each subgroup. Gay men represent almost four out of every five cases of AIDS yet they received less than one-fifth of the compensation funds. In fact, only 7% of our participants allocated funds based

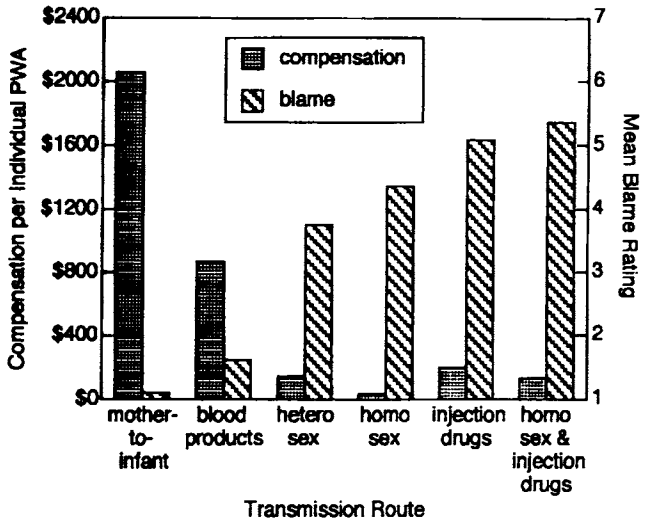

Figure 3. Financial compensation awarded to individual PWAs compared to mean blame ratings.

solely on the distribution of AIDS cases; the remaining 93% under-compensated gay men. By contrast, infants received about 20% of the money although they represented only 1% of the cases. Similarly, the blood-products group received about 30% of the money but accounted for only 4% of the cases.

Actual dollar amounts awarded to *individual* PWAs (i.e., for each subgroup, the portion of the $1-million budget allocated by participants was divided by the number of cases in the subgroup) are illustrated in Figure 3 along with the mean blame rating for each of the subgroups. Each infant was awarded more than $2000 and each person in the blood-products group received almost $900, yet each gay man got less than $30. The figure shows that the overall pattern of blame for PWAs was essentially the converse of the compensation pattern. Infants and those who contracted HIV through the blood supply were thought to be relatively innocent, whereas homosexuals, injection-drug users, and homosexuals who used injection drugs were considered more blameworthy.

An initial examination of compensation scores revealed that participants who divided the compensation budget relatively equally across individual PWAs were more likely to agree that all HIV-infected people deserve financial compensation, $r = .160$, $p < .05$, as one would expect. Nonetheless, the low correlation highlights a discrepancy between supporting broad-based compensation "in theory" and actually dividing the compensation funds equally among all PWAs. Zero-order correlations between support for broad-based compensation, blame scores, and the three psychological scales are provided in Table 1. All correlations were statistically significant and in the predicted direction.

TABLE 1
Correlations between support for broad-based compensation, blame for gay-male and injection-drug-using PWAs, and the psychological scales ($N = 187$)

	Blame for PWAs	Attitudes Toward Gay Men	Authori-tarianism	Need for Cognition
Support for Compensation	-.392**	-.287**	-.355**	.193*
Blame for PWAs		.452**	.507**	-.301**
Attitudes toward Gay Men			.651**	-.409**
Authoritarianism				-.525**

* $p < .01$, ** $p < .001$

The remaining analyses were motivated by the input path diagram (Figure 1), going from right to left. Specifically, each variable in the path was regressed on all variables to its left or at the same position in the input diagram. Because the overwhelming majority of participants were white and exclusively heterosexual, race and sexual orientation were coded as dummy variables (i.e., white vs. people of colour; exclusively heterosexual vs. other orientations). In Figure 4, an "output" path diagram (Darlington, 1990) illustrates the significant associations among variables ($ps < .05$) that were uncovered in the multiple regression analyses.

The first multiple regression analysis examined support for broad-based compensation as a function of 11 regressors: Blame scores (i.e., the sum of blame ratings for three of the transmission categories), the three psychological scales, and the seven demographic variables. The model explained 24.3% of the variance in compensation scores and was statistically significant, multiple $R = .493$, $F\ (11, 170) = 4.96$, $p < .001$. The only regressor that made a significant contribution to the model was blame for PWAs; participants who were more blameful of gay men and injection-drug users were less likely to divide the compensation money equally among all PWAs. The next analysis examined blame scores as a function of the psychological scales and the demographic variables. The model was statistically significant, multiple $R = .591$, $F\ (10, 171) = 9.16$, $p < .001$, and accounted for 34.9% of the variance in the data. Only authoritarianism and age made a significant contribution to the model. Participants who were more authoritarian tended to be more blameful of homosexual and drug-using PWAs, whereas older participants tended to be less blameful.

Individual differences in authoritarianism were analysed as a function of the other psychological scales

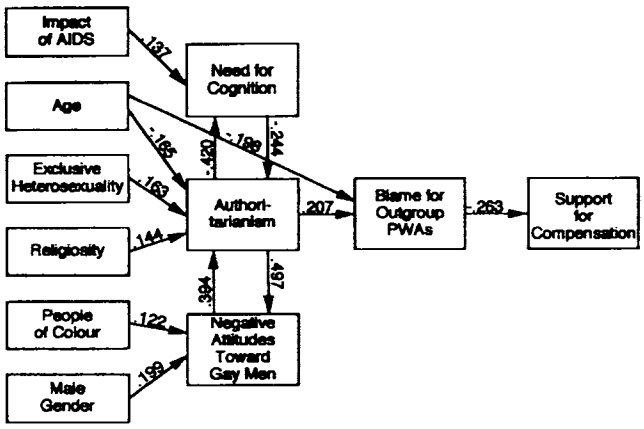

Figure 4. Output path diagram illustrating the significant associations ($ps < .05$) uncovered in the multiple regression analyses. Some variables have been re-named to clarify the direction of the association. Numbers are standardized coefficients.

and the demographic variables. The multiple regression model accounted for 60.6% of the variance in authoritarianism scores, multiple $R = .778$, F (9, 172) = 29.40, $p < .001$, and five regressors made a significant contribution to the model. Participants who were more authoritarian tended to have more negative attitudes toward gay men and lower scores on the need-for-cognition scale. They also tended to be younger, to be exclusively heterosexual, and to attend religious services frequently.

The multiple regression model predicting attitudes toward gay men was also statistically significant, multiple $R = .710$, $F(9, 172) = 19.38$, $p < .001$, explaining 50.4% of the variance in participants' scores. Authoritarianism, race, and gender made significant contributions to the model. Participants with negative attitudes toward gay men were likely to be male, people of colour, and more authoritarian. Finally, when scores on the need-for-cognition scale were analysed, the multiple regression model accounted for 32.2% of the variance, multiple $R = .568$, $F(9, 172) = 9.08$, $p < .001$, and two regressors were statistically significant. Respondents who were more authoritarian had lower scores on the need-for-cognition scale, whereas those who were more affected by AIDS tended to have higher scores.

DISCUSSION

Soskolne (1994) proposed that the Canadian government is culpable for its slowness in responding to AIDS; had the government taken action during the first four years of the epidemic (1982-1985), rates of HIV-infection would have been reduced and many lives would have been saved. Thus, if the government is liable to compensate people who were infected through contaminated blood products, it should also be liable to compensate all people infected with HIV during this period. The present study is the first to examine levels of support for the proposal that all people with AIDS infected during the early years of the epidemic deserve to be financially compensated.

Although most of the participants agreed that the government is responsible for its inactions as well as its actions, fewer than half agreed with compensating all PWAs who were infected between 1982 and 1985. Support for broad-based compensation was not associated with agreeing that people who were infected through contaminated blood products are particularly deserving of compensation because they were failed by existing public institutions. Rather, support for compensation was best predicted by participants' willingness to blame most PWAs (i.e., gay men and injection-drug users). In general, participants were less blameful and more generous with infants and those who had contact with blood products, but more blameful and less generous with PWAs who were infected through "controllable" behaviours such as gay sex. Indeed, when we asked our participants to divide a fictitious budget earmarked for compensation among subgroups of PWAs (classified according to route of infection), those who were the most blameful of gay-male and injection-drug-using PWAs were the least likely to compensate all PWAs equally.

Weiner et al. (1988) suggest that attributions of blame for HIV-infection are reduced when people learn that an individual's infection was uncontrollable. Accordingly, after learning of the government's role in the spread of HIV, participants should have reduced their levels of blame for PWAs infected between 1982 and 1985, regardless of the route of transmission. Participants were also informed of the lag between HIV infection and an AIDS diagnosis (10 years on average), which meant that infection for the majority of AIDS cases would have occurred long before the government began publicizing information on safer-sex and needle-use practices (Shilts, 1988; Soskolne, 1994). Nonetheless, contrary to the prediction made by Weiner and his colleagues, patterns of blame in the present study were virtually identical to those from other studies that did not provide similar evidence that HIV-transmission was uncontrollable (e.g., Battegay et al., 1991; Dooley, 1995; Graham et al., 1993; Hunter & Ross, 1991). Thus, blame for some subgroups of PWAs appears to be relatively impervious to educational efforts or to factual historical information.

Participants who were the most blameful of gay and drug-using PWAs tended to have the most authoritarian attitudes. Contrary to expectations, attitudes toward gay men did not have a direct effect on either blame for "outgroup" PWAs or support for broad-based compensation when individual differences in authoritarianism were held constant. Nonetheless, attitudes toward gay men had a significant simple association with compensa-

tion scores and with blame scores (Table 1). Moreover, attitudes toward gay men were strongly correlated with authoritarianism, which was the best predictor of blame for gay and drug-using PWAs, which, in turn, predicted support for broad-based compensation. As such, attitudes toward gay men affected support for compensation indirectly by way of their association with authoritarianism and blame scores (see Figure 4). Similarly, scores on the need-for-cognition scale were related to willingness to compensate PWAs only indirectly through their association with authoritarianism. Although the three psychological scales formed a collinear set (Table 1), authoritarianism appears to be the best predictor of AIDS-related attitudes in the present context, probably because it represents a type of personality that is conservative, judgemental, and resistant to change.

Younger participants in the present study tended to be more authoritarian and more blaming of PWAs who contracted HIV through gay sex or injection-drug use. Thus, age had both a direct effect and an indirect effect (i.e., through authoritarianism) on blame. Younger participants would be unlikely to remember the early days of AIDS. Indeed, they may have been especially unwilling to consider broad-based compensation because they incorrectly assumed that everyone has always known how HIV is transmitted and how to prevent infection, despite the fact that we presented evidence to the contrary. A similar effect of age may not be evident in a sample with a wider range in age. Indeed, because only 8% of our participants were over 25 years of age, this finding should be interpreted with caution. Previous studies (Berkowitz & Nuttall, 1996; Nisbet & McQueen, 1993) have reported that *older* people tend to have more negative AIDS-related attitudes. Other demographic variables (gender, race, religion, sexual orientation, and personal involvement with AIDS) had only indirect effects on blame for gay and drug-using PWAs and doubly indirect effects on support for broad-based compensation.

Even older participants may not have understood completely the editorial they were asked to read. Detailed examination of the 915-word editorial (42 sentences; average sentence length of 22 words) revealed that it had a level of complexity suitable for high-school graduates (Flesch-Kincaid Grade Level Index of 12.6 as analysed by Microsoft Word GrammarCheck). Hence, the article should *not* have been particularly difficult for university students. Its difficulty may have been increased, however, by the fact that it required our participants to consider a time when there was widespread unwillingness to address AIDS-related issues. By contrast, current levels of AIDS knowledge are relatively high and blood products are safe. Thus, we cannot rule out the possibility that some participants may have failed to fully comprehend the stimulus materials.

Regardless, it seems improbable that most responses were independent of participants' pre-existing schemas involving HIV and AIDS. Rather, we suggest that participants were resistant to the text of the editorial because: (1) They considered the government's role in the spread of HIV and simply rejected the proposal of broad-based compensation, or (2) They failed to adequately process the information precisely because it conflicted with their schemas about who "deserves" to be infected with HIV (Kelley & Michela, 1980). Either alternative is consistent with the *biased assimilation effect* (Lord, Ross, & Lepper, 1979), which posits that people discount evidence that conflicts with their pre-existing attitudes. Indeed, typical readers often "ignore evidence that does not match a prereading belief" (Chambliss, 1994, p. 85). Moreover, contradictory information can actually strengthen rather than shift one's original attitudes (Lord et al., 1979). Results from other studies suggest that the biased assimilation effect may be particularly robust in the context of AIDS. For example, undergraduates who are presented with factual information about HIV-transmission have difficulty recalling the information if it conflicted with their pre-existing beliefs (Kardash & Scholes, 1995). Similarly, homophobes and those who believe that AIDS is the logical outcome of immoral behaviours have difficulty encoding and retaining information about AIDS that conflicts with their point of view (Echabe & Rovira, 1989; Magruder, Whitbeck, & Ishii-Kuntz, 1993).

AIDS was first identified in 1981 among gay men. Soon after, cases were identified among injection-drug users. Conservative politicians holding office in Canada and the United States at the time (i.e., Brian Mulroney and Ronald Reagan, respectively) did not want to appear to be "promoting" lifestyles considered by many to be immoral (Shilts, 1988). Hence, their governments hesitated to inform groups at risk for infection of safer sex or needle-use practices, even though timely action would have prevented the infection of thousands of gay men and injection-drug users. In Canada, the federal government provided financial compensation to people infected through the blood supply and formed the Krever inquiry to determine how these infections occurred. There has been no suggestion of a similar public inquiry to investigate other examples of government negligence in preventing the spread of HIV. Despite the extreme consequences of such negligence, the findings reported here imply that public support would be weak for any attempt to financially compensate gay men and injection-drug users who were needlessly infected with HIV.

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